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the medical missionary

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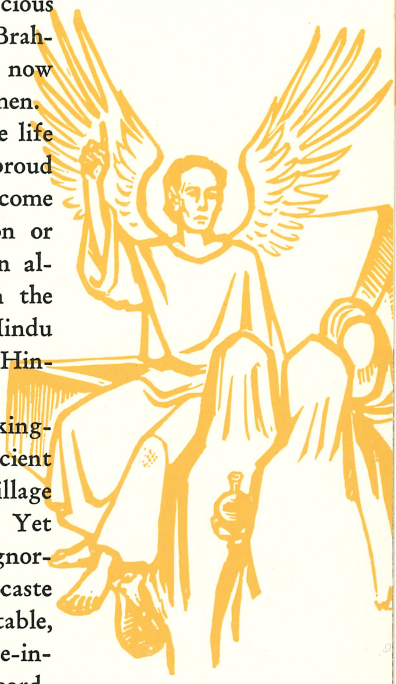
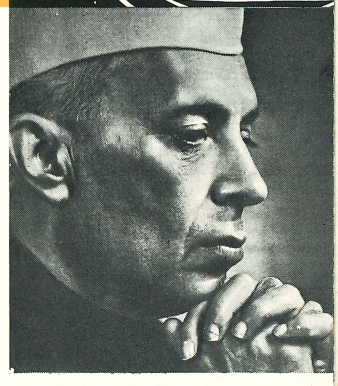
RENAISSANCE IN INDIA

The Hindu, or Indian family, as well as the family in the West, is being swept by the winds of change, blowing from both East and West. In a land inhabited by 389 millions of people, one sixth of humanity, the changes have been catastrophic and revolutionary, because in one sweep India is undergoing all the revolutions which have taken two centuries in the rest of the world. Through education, land reform, agriculture, science and technology, social and individual emancipation, a renaissance is taking place which is transforming a caste-conscious and god-conscious rural society into a new dynamic one where Harijans and Brahmins have the same right to exist and vote, and women may now consider themselves, according to Hindu Law, the equal of men.



India's leaders, especially Nehru, who has given his whole life to the cause of India's freedom, both political and social, are proud of this renaissance of the Indian people, which could only come about from the people themselves. It is a silent revolution or evolution, developing through democracy and law, going on almost without anyone knowing about it. It was started in the Indian villages, the very strongholds of caste-customs and Hindu family life, and it is disrupting the very traditions on which Hinduism has held sway for past ages.

For centuries the Indian villages like little independent kingdoms continued in their slow primitive way engaged in ancient crafts reminiscent of Biblical times. Guided by their own village *panchayats* and caste courts they lived a life of seclusion. Yet behind the walls of these villages lurked sickness, poverty, ignorance, and resignation. Hinduism within the framework of caste and subcaste kept the family and the village contented, stable, and static, for Hinduism teaches transmigration of souls, re-incarnation. The soul is punished or rewarded on this earth according to one's *karma* or the wheel of the law (fate). If a person is born into a lower caste, or an untouchable, or if he is poor or sick, he deserves this as punishment for some deed done in a former life; therefore why try to alleviate one's lot or one's neighbor's?



Jawaharlal Nehru

Hinduism has no definite creed as we understand it. Gandhi once said, "A Hindu may not even believe in God and still call himself a Hindu." It has been defined as a socio-religio-philosophical system, which regulates man's every action from dawn to dusk, from birth to rebirth within the framework of caste. Everything in life is determined for a Hindu: the way he wears his clothes, what he will eat, how he will eat it, what girl he will marry,—all are determined in a ritualistic way for him. We of

the West cannot imagine such a way of life. Yet, it made living in the Joint-Family possible because each member was given a place according to his age, marriage and caste. The smaller and younger family units managed to survive when the crops failed, for all shared alike. But today, when too many families are living on one piece of land, and food is scarce, why shouldn't they go to the cities to work? In the city, however, all castes intermingle and work together in the factories, and eat together, and often go to the same school. Gradually there is inter-marrying. This is the greatest revolution, the breaking down of Caste.

Hinduism is largely a religion of the home, and the village. Each household has its own kitchen god, worshipped by the women as they prepare the day's meals. Each village has its own special gods and goddesses and many festivals are held in their honor. How the people love them and the great pilgrimages when millions leave their homes to walk to the Ganges and bathe in its sacred waters! Most Hindus believe in many gods and goddesses; they say there are 33,000,000 of them! Others believe in one God, but with the *pantheistic* concept of God, as the only existing one there is. Thus God is everywhere, in the trees, in snakes, in rocks, water, etc. This is the basis for their ideas on tolerance—they cannot see any action or anything as all good or all bad, they must constantly give the benefit of the doubt, even to the devil . . . This explains their neutralism in world affairs. Searchers after truth and wisdom, they will always be, always seeking to find God in many forms and everywhere. For us Truth is One.

Can Hinduism survive in this new world of bewildering technological and scientific advance? That Indians themselves are wondering, is shown by the recent book written by Sardar Pannikar on "Hindu Society at the Crossroads". Many who are concerned with India's traditions are aware that Hinduism to survive will have to evolve a new social doctrine, in spite of the Vedantist philosophy of the ultimate unreality of everything in this world.

Will science and technology be a satisfying answer for India in the new era? Mr. Nehru in a recent article in the New York Times, on the *Tragic Paradox of Our Age,* does not think it is the complete answer to India's problems and aspirations . . . "Conquering the physical world, man fails to conquer himself." Neither does he feel that Communism is the answer. Science, Communism, Capitalism all fail as far as India is concerned, in its search for a better way of life based on spiritual values . . . even "the old days of faith (Hindu religion?) do not appear adequate in a changing world . . ." One feels Mr. Nehru's sincere search for truth, for a path to follow, in his poignant question: "What is the meaning of life?"

The Renaissance of Asia is the greatest revolution of our day, "more explosive than the atom bomb," says Arnold Toynbee. May India's rebirth and resurrection bring death to many ignoble and wornout traditions—and new life to the higher things of India's old culture—something that may even surpass western civilization in spiritual depth and artistic achievement. May it bring India, in its search for Truth and Wisdom, to God who is One, and to Christ who conquered death forever, and who alone is *the Way, the Truth and the Life.*

Sister M. Francisco, S.C.M.M.
the author, comes from Poona, India; received her medical degree from Bombay University. At present she is specializing in Pathology at Hahnemann Hospital, Philadelphia

an indian family at home

University town near Bombay, completely illuminated for an Indian Festival

It was nearing the end of May, and the very last of our final medical examinations were over. Soon the five of us would part for our own vocation in life. Looking back now on those years spent in an Indian medical school, I realize that it is to those years that I owe my understanding of different peoples, races, and creeds. It was then I realized that human nature is basically the same wherever one finds it — the same ideals, loves, and problems, with individual variations. We represented four different creeds — Zororastrian, Jain, Hindu, and myself a Catholic. Each one respected the other's religious belief, and only occasionally was religion the topic of discussion.

Of all of them, perhaps only Nalini (Hindu), was a *close* friend. We had been regular visitors at one another's home, for a week end or a short vacation. Her sister was to be married shortly, and, as I probably would be leaving India soon, I paid my last visit to her family, for the inevitable goodbyes. Nalini's family is not rich but they are typical of what you would call a good middle class family. There are many such in India. Her home is in a residential, but busy center of Bombay, an "apartment" on the second floor of a six story building. Yes, there are apartment houses in India! I rang the bell, and while waiting I noticed the familiar string of marigolds and mango leaves, hanging over the door. Nalini opened the door herself and greeted me with the usual Indian greeting: folded hands, a slight bow while saying "Namaste" (greetings to you.) Nalini is a beautiful Hindu girl about 5'1" tall, of medium build and a dark olive complexion. Her feet were bare and she was wearing a sari of white muslin with a green floral design and a white jacket of Indian khaddar (cloth). How graceful she looked! Her dark brown friendly eyes sparkled. On her high forehead she wore the black "tikli", denoting an unmarried girl. She wore no make-up and it was not missed. That day her thick black hair was pulled back and hung in a long braid down her back. When leaving the house for school, etc. she winds this into a bun and encircles it with fresh flowers.

The entrance hallway was cool with its red tile floor and whitewashed walls. Near the door, against the wall, there was a low bench. Here I sat down to take off my sandals and placed them in the row of sandals under the bench. There was fresh water there to wash my feet, as is the hospitable Eastern custom. I always remember Our Lord at the house of Simon the Pharisee, when He rebuked him gently for his lack of courtesy, in giving Him no water to wash His feet.

Nalini took me immediately to the living room—which is perhaps unique in its simplicity—and a little different from a Western drawing room. The floor had a mosaic design made from white and colored marble chips, and an Indian carpet covered the center. Two large "divans" were placed against opposite walls, resembling broad, backless sofas. Oblong cushions were piled against the wall. We pulled up our feet and sat cross-legged, saris pulled over our feet. In one corner there was a cabinet of carved wood with a glass front. In it were arranged quaint jewelled vessels, ancient jewelry, ivory figures, elephants, and other family treasures. The rest of the furniture consisted of small low tables with carved wooden

legs resembling branches of trees, and shiny brass tops with Indian figures etched on the surface. A few canvas chairs completed the furniture. The whole effect was simplicity.

Soon Nalini's eldest sister Kamaline joined us. She lives in Kashmir but she had just come down to perform "puja" (prayer or ritual worship) on her sister-in-law who had a new-born baby and is not considered clean until this "puja" has been completed. Kamaline has a lovely peach complexion, soft gray eyes, but the same black hair as Nalini's. On the soles of her feet and the palms of her hands was a delicate orange filigree design. This is not a tatoo but the dye from leaves of a plant, and the color is permanent till the epithelium layer of the skin is shed. It is a sign of beauty, more usually used, only on the feet. On her hands were bangles and bracelets, and around her neck was a chain of black beads, a symbol of her marriage. Next, Hansa the youngest sister and bride-to-be, came to greet me. She resembles Nalini.

Nalini's mother came in last, having finished the "puja" for the day, which was left till this hour, as she had been busy preparing the boys' meals, though she had not partaken of any food herself. She was a deeply religious woman and performed "puja" for the whole house at the family Shrine in a near-by room. That she was a Hindu widow, was very evident from her manner of dress, for she wore a plain white sari with a black border and no jewelry at all, and just the black 'tikla'. Married girls wear a red "kum-kum" and the quaintest story of its origin is the following. In the days of Sathi (widow-burning) when the warrior died in action his widow threw herself on an empty funeral pyre. But to give significance to this, the warrior, before he went to battle, drew blood from his arm with a sword and annointed his bride with it on her forehead.

Nalini's aunt who is very orthodox is also a widow and she wore a black sari! She is very courteous and pleasant but will not touch me. If she does accidentally touch me, she will have to take a ceremonial bath to purify herself. I take this as a matter of course, and as no insult, as I am a meat-eater and have broken all their conventions by being Catholic even though I am considered originally of the Brahmin caste. Nalini's mother and her family are perhaps the most emancipated of her caste, and due to their education are broader in their outlook. Her mother was the first in her caste to get a

Three lovely young Indian girls dressed in colorful Saris.

college education and took a leading role in social and political affairs.

The remainder of the rooms were converted into private living and bedrooms. According to the joint family system the sons and their wives and children live with their mother, and their wives are subject to their mother-in-law. But in the event that a brother dies, his wife and children are assured of an education and home and will be well looked after by another brother.

It was time for lunch, but before going into the dining room we washed our hands in the basin near the kitchen. The combination kitchen and dining room was also very simple. In one corner there was an area three feet square with a low wall around it. In the wall, four feet above the ground, there was a faucet with a bucket underneath it. This took the place of the modern kitchen sink. Near the sink were a few *sigris* with charcoal on which were the aluminum "handis" containing the meal. The low stools, four inches off the ground were arranged in a semi-circle in the center of the room and we sat on these cross-legged. In front of us were large brass *thalis* (plates) 15" in diameter with small brass bowls arranged around the edge. Nalini's mother came around and served us, putting a variety of curried vegetables into the bowls, and a small heap of boiled rice in the center of the *thali* with curry on it. In India the essence of courtesy is for the hostess to attend to the needs of the guests first; she dines later. Also Hindus are strict vegetarians due to their belief in the reincarnation of the soul, but their proteins are obtained from milk and lentils. Indian fashion, we proceeded to mix our rice with the fingertips of

Making chappatis (pancakes) for the evening meal.

the right hand and made it into small balls which were conveyed to our mouths. The left hand was kept free for holding curds, or a glass of water. Curds are eaten with the main meals. Later we had Indian sweetmeats, *pedas, balwais,* made of whole milk and wheat milk with sugar and "*ghse*". Then each one made her own *pansupari*, betel nut, with leaf, cloves, lime (chunna) and spices.

Hansa's wedding presents were displayed in an adjoining room—costly jewelry, saris and sandals and linen. Each member of her family has to buy a gift for a counter member in the bridegroom's family. In India parents play a major role in arranging a marriage and they usually turn out very well as the couples have a corresponding education and are in the same social class or caste. When the day arrives, the women go to the temple of Lakshmi and Vishnu with the bride, to invoke blessings on her marriage. In the outer yard, the purilists sing hymns against a background of soft and melodious tones of string instruments. Near the entrance hangs a big brass gong which is rung by the Brahmin priest in acceptance of the offerings — fruit, flowers, mango leaves and whole coconuts. The wedding ceremony and feast will be held in the bride's garden, covered with a tent so as to accommodate everyone. The bride is dressed in

a simple unadorned orange sari (saffron) the color denoting courage, sacrifice and a spirit of renunciation. The *palaw* pulled over head, also veils her face. She is seated on a throne chair, and around her the women chant appropriate songs. Everyone is dressed in their best saris and jewelry. When the groom arrives, the pandit lights the bright fire or agni near the arch and chants vedic hymns. Then the sanskrit vows are taken—to live according to the Hindu creed and to be true to each other. The pandit ties her wrist to her husband's. Among the harijans the bride is tied to his waist to denote subservience. Others put their feet on a stone side by side. Then the groom and bride made seven circles around the arch signifying the invocations to the seven planets for happiness in their married life. The groom puts *kum-kum* on the bride's forehead and they garland each other and he pulls her veil back. Later, his mother puts the necklace of black beads around her neck, signifying the wedding ring. The groom addresses the bride in a hymn "become thou my partner, because thou hast paced all seven steps with me. We shall share alike all goods and power combined. Over my house you shall have full sway." Then they sit on two high chairs on a platform and receive the congratulations of friends. In the meantime the guests seated around are served and entertained by the musicians. Every ceremony has a symbolic meaning and makes one realize how deeply religious the Indian is.

It is almost ten years now since I left India. Nalini has finished her postgraduate medical study in England, married a doctor, and is back in India. The memory of my last visit with her always brings to mind the exquisite courtesy, the sincere hospitality so simply given, devotion to duty, the innate sense of reverence for all of God's creatures—all the natural virtues that a good Indian family portrays—and I hope and pray that someday my western friends may come to know and love the Indian family as I do.

YOUR WILL . . .

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The striking feature of Hindu Society today is that it is undergoing a radical, though peaceful, revolution. Science and Technology are providing the dynamics of this social change which seems to affect every social institution, especially the family. Where it will take the Hindu family, or what the features of the emergent Hindu Social Order will be, is anybody's guess. The question is: would industrialization, which is inevitable, mean the discarding of the old cultural and religious values?

Crisis in the Indian family

Anthony J. Parel, S.J.

In the past, religion had supplied the ultimate values on which almost every aspect of Hindu life was based. Some of these values may have been vague, rationally, and not always conducive to "progress", socially. But somehow they affirmed the primacy of the spiritual. The hold that they had on Society was firm, and on the whole more beneficial than harmful. These values are now being challenged. The goal of a "higher" standard of living, and "progress" has become so fixed that it threatens to replace every other goal in life. It is diverting the new social forces into secular, and even down right materialistic, directions. This lowering of moral standards holds the most serious threat to Hindu Society, and vitally affects the family, its basic unit. The materialistic goal has become so absolute that the question of the morality of the means has become a matter of expediency, not of principle.

We have in mind, in particular, the popularization of birth control and the legalization of divorce, two evils that affect the family directly. Up until the present decade, indeed even now in some sections of the Hindu population, the Hindu attitude has been not unlike the Catholic attitude. Both were rejected from a religio-moral principle. But the prophets of India's industrial age—politicians, sociologists and scientists—are convinced that only adoption of these morally wrong methods can make India "prosperous" and "progressive".

That the population-problem stands in the way of India's prosperity no one can deny. Lest our criticism should appear hypocritical or airy, we must insist on the gravity of that problem. One third the size of the U.S., India has a population of 389 million, twice that of the U.S. The Hindu family is large (average of seven children), and the living standard, compared to U.S., is about 1:20. The population-increase (7 million annually) is expected to double within fifty years and to neutralize the industrial growth. Emigration, though a natural solution, is practically impossible due to severe restrictions in almost all the underpopulated countries. The problem calls for immediate action. And what the Government of India has decided to do is birth control through moral and/or immoral means.

Large sums of public money are being spent on birth control clinics and literature. Already two States pay bonus to all who undergo voluntary sterilization. There has been a suggestion to introduce a "birth-tax", after the third child, with the curious intention of making the masses "birth control conscious." Another proposal has been made to send Mobile Birth Control Units to conduct on-the-spot instructions in the villages.

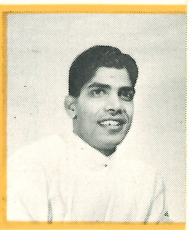
One cannot imagine what ill effects these measures will have on the Hindu family. The Hindu attitude towards children, so remarkable in the past for its delicacy and sensitivity—"children are god's gifts"—will certainly be blunted by a crude materialism. More and more parents are getting "birth control conscious", that is to say, getting "scared" of children, and taking them for an economic liability. As Gandhi once remarked, "with the introduction of birth control, lust has become the end of marriage."

But the legalization of divorce (1955) deals the heavier blow to Hindu family life, for it strikes at the very root of a noble Hindu concept: the sacramentality and indissolubility of marriage. Divorce was something unknown in Hinduism. In fact indissolubility of marriage was stressed to the point where it almost became an abuse: even in death, the spiritual bond between spouses was said to remain. That may be the reason why remarriage was forbidden, and, as in one caste, *sati*—immolation of widows on the husband's funeral pyre—was allowed.

But the new law claims to seek the economic emancipation of women. The reasoning is as follows. Marriage, or the intention or the consequence thereof, is what makes women—daughter, wife, widow — economically dependent on men. The *daughter* cannot inherit because she is presumed to marry and to belong to some other family. The *wife* depends on the husband, and the *widow* on the family of her dead husband. If marriage is rendered soluble in principle women will no more be made to depend on man. In fact, some argue, the apparent indissolubility of Hindu marriage is nothing more than a rationalization of the age old economic dependence on man.

But this interpretation is altogether

Rev. A. Parel, S.J., the author, is from Kerala and Patna, India, and is now stationed at West Baden Springs, West Baden, Indiana.



"Motherhood is the keystone of the arch of matrimonial happiness."

false. Neither in Hindu literature nor law, in fact nowhere except in the minds of modern materialist Hindu thinkers, do we find such an interpretation of the nature of Hindu marriage. Take for instance the words used for wife: *sahadharmini* — sharer in the husband's *destiny;* or *ardhangini* — husband's half-body. Both indicate the inseparable spiritual nature of matrimonial unity. The matrimonial unity is expressed also in terms of God's relation to the soul: the husband — *patidev* — is the "god". Sita, the heroine of the great Hindu epic, *Ramayan,* has, for ages, remained the Hindu ideal of wife —chaste, selfless, strictly monogamous. Manu the Lawgiver says: "Let mutual fidelity continue until death. Let man and woman united in marriage constantly exert themselves so that even if separated they may not violate their mutual fidelity."

It is these precious, and for a pagan Society the only, moral ideals that the modern legislator is threatening. It is true that there was one great flaw in Hindu Social structure— the absence of a legislating authority, secular or religious. This led to the inevitable social anarchy with harmful customs growing unchecked for the past 3000 years. Caste, joint-family, child-marriage, dowry system, had all to be legislated out. But in doing so, the new Government, which has taken upon itself the role of the legislative body of Hindu Society, has voted in other social evils, equally harmful.

This type of modernity had its severe critic in Gandhi. He stood for legislation based on moral laws. He defended the sacramental and indissoluble character of marriage. He was one of the most outspoken critics of planned parenthood. "Contraceptives are an insult to womanhood", he said, and reduce the woman to the status of a prostitute.

He decried the modern attitude towards birth control: "contraceptives of a kind there were before and there will be hereafter, but the use of them was formerly regarded as sinful. It was reserved for our generation to glorify vice by calling it virtue."

But the clear and mighty voice of the Mahatma is unheeded by those who are shaping the country's destiny today. They are deliberately loosening the spiritual moorings of the Hindu family and tossing it on the sea of materialism. But even they cannot take the sting out of Gandhi's warning: "the great harm done by the propaganda (for birth control) lies in its rejection of the old ideal and the substitution in its place, of one which if carried out, must spell the moral and physical extinction of the race."

Anthony Parel, S.J.

Indian children getting water from a goatskin in the village square.

R.I.P.

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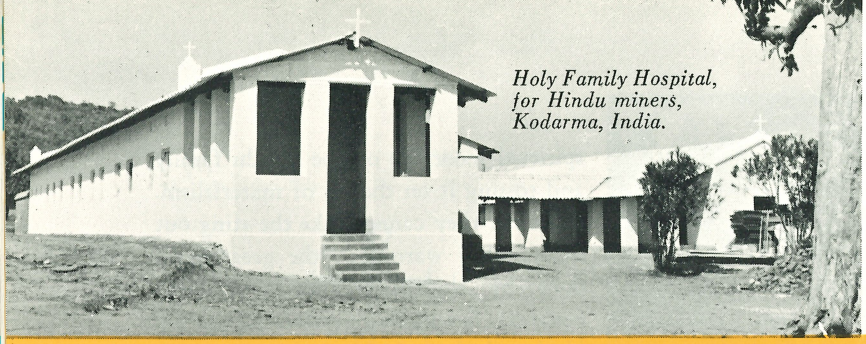
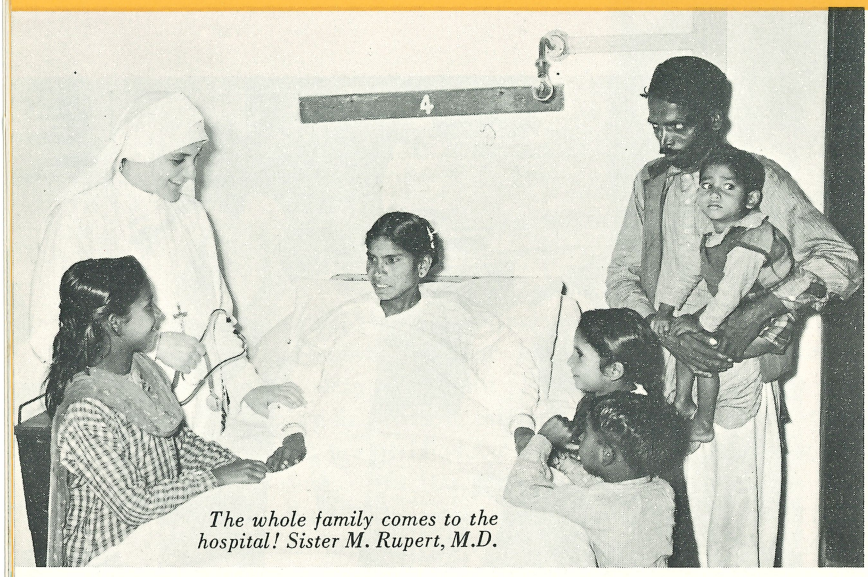


Holy Family Hospital, for Hindu miners, Kodarma, India.

Where the Lord



The whole family comes to the hospital! Sister M. Rupert, M.D.

Indian women planting rice.

The little Hindu temple adjacent to our property is silhouetted against the evening sky while our night watchman wanders past the window on his rounds. A tall, haggard Indian with the cares and labors of more than fifty years sketched in deep furrows over his face, with a long white cloth slung around his body in the traditional style, and a wooden, iron-tipped staff in his hand—this is the guardian of our sleep. If he himself often slumbers at the job, one can scarcely

pitched His tent – in Kodarma

Sister M. Rupert, M.D.

blame him knowing what his life has been and how as father of a family and owner of a little rice field he cannot get all the sleep he needs during the day. A few days ago, as it was a Hindu holy day, he asked whether we would not want him to bring us over one of the little idols from the temple!

The people are not so hesitant about coming to us any more and have great faith in our foreign medicines, too much faith, sometimes, I'm afraid. Parents will sometimes indignantly take a child home because he has *not* been cured of typhus in a few days, when a neighbor's child recovered from "fever" after a single injection. That the other case was malaria is not readily appreciated. However, on the whole we are very glad when our patients want to go home as soon as they are on the road to recovery, because we are so short of beds.

Kodarma, the land of sparkling mica, is only 40 miles from the Australian Jesuit Fathers in Hazaribagh. You can see tiny particles of mica flashing in the air in the bright sunshine. On a moonlight night, the mica on the ground reflects so that it looks like stars lying on the ground matching the sky.

Tuberculosis and silicosis are the most prevalent diseases in this area, especially among the miners. Anaemia and malnutrition are also widespread, because their diet is so meager, consisting mostly of dal and rice. Hindus, for the most part, are vegetarians and eat no meat. Vegetables and fruit are very scarce and too expensive for the average home. It was amongst these mica people that the Jesuit Fathers asked us to establish a medical mission center and also to have a hospital close by for the Fathers and Brothers if they should become ill.

As I write, a sudden heavy shower of rain forces me to shut the window—shutters—glass is still an impossible luxury. The monsoon began about two weeks ago and as though by magic the whole landscape is transformed into vivid green. Work in the fields is in full swing. This is the time to plant and transplant rice, a very laborious task, the people often standing for many hours in water. The whole year's food supply depends on this rainy season. That means that the crowd in our waiting room will thin out somewhat because many of the patients instead of coming with their whole family, bring just one or two relatives or perhaps the

children who are too young to work in the rice fields.

Two patients particularly caught my attention today. Young Parwathi, joyfully thankful for her cure, came back radiant, carrying a jar full of Indian candies, neatly covered over with leaves that were tied down to form a lid. Then an old man arrived, led by his little grand-daughter, begging for medicine for his eyes. He had heard rumors of our wonderful medicines—he has been blind for eight years.

The days go by quickly, divided between consulting, ward, and operating rooms. Many of the patients arrive between five and six in the morning. The wife of the headman at Chechai, who recovered from cholera in our hospital, just brought a crowd of sick folk from her village. An oxcart is what we do not like to see in the courtyard, because that always means a very sick patient and often a hopeless case. Since many live so far from the hospital, they keep hoping that perhaps there will still be a change for the better and it will not be necessary to undertake the long journey.

As the rain stops beating down, I can hear a drum from a neighboring village announcing a marriage, but I am soon interrupted by one of the Sisters softly calling me. As I push aside the curtain that does duty for a door and follow her across the courtyard, we see the shiny black form of a snake curled up in the doorway of another room. All our rooms are level with the ground and we dare not let the snake out of sight for fear it will slip away into the darkness. But promptly our night watchman is on the scene and with a quick sharp stab he quite literally nails the snake to the ground with his metal tipped staff. Unfortunately the staff struck about ten inches behind the snake's head, leaving him quite a bit of free movement, which he uses to lash out vigorously with both head and tail. Finally we manage to catch his head with a blow from a stone and triumphantly our night watchman carries the carcass out into the night, still spiked on his staff. "Very poisonous", he tells us.

Thinking of snakes reminds me that our Indian newspaper announced *Nag-Panchani Day* today, in the village of Shirala not far from Poona. On this day hundreds of cobras are duly honored in accordance with a tradition in the village that Shiva, a three-eyed Hindu god had promised one of the inhabitants who was a worshipper of his and had done much penance that no one in the village would ever be bitten by a cobra again. Since that time, on one day every year, poisonous snakes are caught in the village—the neighborhood is full of them

Sr. M. Rupert, M.D. on a home visit in Kodarma, India. No white person had ever come here before.

—and carried in triumphal procession from house to house where the women offer them milk. In the evening they are all gathered in the Hindu temple and set free to sway to the music of flutes. In the morning they are all caught again

and set down exactly where they were first found. No snake may be caught and killed in the district for fear of rousing Shiva's anger. For our part, we are happy this devotion is not practiced in Kodarma. The monsoon rains have brought the snakes nearer our buildings, because just now our verandahs are covered with frogs.

Sister had called me for a patient who had just arrived. The woman said that her little three-year-old daughter had a high fever, that her son who also had fever for four days, died last night. She begged me to take the little girl into the hospital to see what we could do for her.

* * *

It is early morning again and a young Hindu is already waiting. He bows to us with the customary greeting, "namoste", and begs us to go immediately to see a friend's eight-day old baby who is very sick. He has a jeep waiting for us and as soon as we have picked up one or two drugs and a couple of syringes we set out for the nearby town of Telaiya.

We stop in front of a two story house where a stone staircase leads to a smoky upstairs room. A small table, a chair beside the bed, together with two pictures of Hindu gods make up the furnishing of the room. The mother is sitting cross-legged on the bed with her baby in front of her, bearing all the standard symptoms of tetanus. Very probably the umbilical cord was cut with an unsterile instrument. Now there is little that can be done, but I do my best while the mother smiles sadly, pleadingly, because it is her only son. She has another child, a little girl, but it is the son that counts.

As we return home, from the distance we can see our little whitewashed house gleaming in the sun with its cross on the roof because here in the heart of India the Lord has pitched His tent to dwell amongst these people, dispensing His graces and blessings on all.

"I will set my tabernacle (tent) in the midst of you . . . I will walk among you, and will be your God, and you shall be my people . . ." Lev. 26, 11-12.

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FAMILY Puja

Worshipping Saraswati, the goddess of learning.

Hindu ceremony in a temple.

IN INDIA

Sr. M. Brigetta, B.S.N.

Hindus on the whole are devoted to their religious beliefs. The great Prayer-Puja is performed once a year. Each family member takes an oath to have the ceremony at his home during a certain month of the year. In this way the ceremony is performed throughout the year. When it is held in one house all the other families are invited to participate. The head of the house and his wife make the offerings of Basil leaves, vermillion powders and rice. The Brahmin (priest) comes to recite the mantra's (spell words). With each offering a mantra is recited and the prayer is answered by the members present. One thousand leaves are offered and so the ceremony takes four to five hours. The whole day must be spent in fasting until the ceremony begins at 4 p.m. No food can be taken until puja is finished. There is no special day of prayer during the week for a Hindu. However, prayers are recited at certain times during the day. The bath is a necessary ritual, as no prayers may be said before bathing. On arising a short prayer is said to God and Mother Earth. After the bath the worshipping of gods begins, candles are lit and also incense sticks. Then a few prayers are recited, especially to Ganesh (the elephant god) as no work is begun without invoking his help. All face East towards the sun when reciting prayers. The sun is considered a powerful force and so respect must be paid to it. At one time Hindus were called sun-worshippers. There are 36 crores of Hindu saints they claim. One crore equals 1,000,000! They worship Brahma, the Creator God; Shiva, the Destroyer; Vishnu, the Preserver; etc. etc. Their religion is difficult to grasp and requires time and study. The majority of the Hindus themselves do not really know it. Only the more educated people understand it and even at times they too know no more than the illiterate man on the street. The majority, however, are religious minded and carry out the ceremonies in great detail without knowing why. These customs have been handed down from generation to generation and it is difficult to break away from tradition. They make many sacrifices. How wonderful it would be if all this devotion were channelled in the right direction and would ultimately lead them to the One true Faith.

Hindu purification ritual

Indian Christian women

Sister M. Gabriella, M.D. explains to Kofie's mother what she must feed him.

NEWS OUR

AFRICA

Kofie's Balanced Diet

African mothers, as all mothers, are very devoted to their children. So often the terms "malnutrition" and "underfeeding" are confused. African babies are not under-fed but, to the contrary, are seldom suffering from hunger. However, many of the essential basic food elements are generally missing in the food or are available in too minute quantities. Animal proteins and vitamins are most frequently absent in the African diet.

Kofie, age two, was suffering from a severe case of malnutrition and his mother was in great need of instructions on how to improve Kofie's health, through a well-balanced diet. Sister had told her she would be glad to show her how to prepare the food if she brought some of the foods, which Sister had mentioned, to the hospital. The mother was most eager and obligingly left the hospital, returning only an hour later with a basket of food on her head: four eggs, six oranges, three cans of powdered milk, some vegetables, and a large dish of fu-fu—all for Baby Kofie!

Sister M. Cephas, B.S.N.
Holy Family Hospital,
Berekum, Ghana

A Brighter Future

My last trek was cut short by an S.O.S. and I got back here to find the leprosarium in the throes of a chicken-pox epidemic. It is just about over and the last three patients in isolation are like a bunch of kids.

There are quite a few patients who are interested in learning to weave with the native loom and one patient is an expert weaver who tells us he has 1000 patterns in his head. We have one loom already in use and are trying to get some more. Sister John Marie, R.N. says he is an excellent teacher. He never raises a finger, simply sits by and tells the apprentice what to do. Our first apprentice is not a novice but had been learning weaving before he got sick. He is doing a very nice job on the cloth. Our basketry department is also growing. I hope we can send our patients home not only with health restored but also better able to take care of themselves, so that the time spent in the settlement will not have been wasted for them. The children go to school and some of the adults take advantage of night school. Our patient-teacher is a very good one.

Sr. M. Francis, M.D.,
Kokofu Leprosarium, Ghana,
West Africa

FROM HOUSES

PAKISTAN

Sister M. Elise, M.D. gives diplomas in First-Aid to stretcher-bearers, Rawalpindi, Pakistan

New Seminary

Last week several of us attended the opening and blessing of new Christ King Seminary here in Karachi. It is the first major seminary for native clergy in Pakistan and a real step ahead for the Church. Our new Archbishop officiated and I know he is hoping for many good vocations.

SISTER M. RUTH, R.N.,
Holy Family Hospital, Karachi,
W. Pakistan

First Aid Course

Recently a course in first-aid was held at Holy Family Hospital, Rawalpindi. This was given primarily for the stretcher-bearers of the hospital, and was combined with a stiff course in army manners for stretcher bearers, conducted by one of our staff (male) nurses, who used to be in the army. The old, careless ways of taking patients up and down stairs have made way for strict discipline and steady, slow gait. The men themselves are proud of their ability to carry a patient comfortably and safely. They all passed the test in first-aid, and were given their diploma by the Medical Superintendent.

SISTER M. ELISE, M.D.,
Holy Family Hospital, Rawalpindi,
W. Pakistan

First Graduation

The first two graduate nurses from Holy Family Hospital School of Nursing, Dacca, received their diplomas on January 7, 1959, at 3:00 p.m.

The ceremony took place in the courtyard of the Hospital and was attended by over fifty religious and priests besides numerous friends. His Grace, Archbishop Graner, C.S.C., gave the address and the ceremony was ended with Benediction at a lovely outside altar.

SR. M. GEORGE, R.N.,
Holy Family Hospital, Dacca,
E. Pakistan

INDIA

Cholera

We are kept busy these days. Recently a cholera epidemic hit Delhi. Many deaths were reported from different hospitals. So far we have not one case yet. We had "mobs" come for cholera immunization. Out-Patient Department was jammed. We were asked to go to the Japanese embassy to give the shots to embassy personnel and employees. We inoculated over 100 and could have done more but ran out of vaccine, as we were told to expect only 80 persons.

Sr. M. Felicitas, B.S.N.
Holy Family Hospital, New Delhi

Sister M. Jerome, R.N. holds child suffering from severe malnutrition. Holy Family Hospital, Mandar, India.

It's the Custom

As Sister Jerome and I were talking today, one of the girls came to say that a patient had died, and the relatives wanted an axe. Sister Jerome, who had just arrived in India, couldn't get the connection between the dead patient and the axe, until I explained that they were Hindus and the axe was needed to cut firewood for the cremation!

Sr. M. Charles, B.S.N.
Holy Family Hospital, Kodarma

Little Patients

Right now we have two very interesting children in Pediatrics. One is a little boy about three years old who came in with the back of his hand glued to his arm from burn contractures. The ends of his fingers were free and he had some use in them. Sr. M. Frederic, M.D. did plastic surgery. He can now move all his fingers, though his little finger is most affected and there is still question if he will have full use of it. We are waiting for the grafts to heal to see if he will have the use of his wrist. He was so pleased the day the cast was removed and he could move his fingers in spite of the pain, for the joy of being able to move them. He is a charming little boy and so cooperative which is important in doing plastic surgery on children.

He have another little boy—Litura—our little miracle—he is still far from health but at least he is now beginning to gain weight—about three years old also, just skin and bones. When he came he had an open draining sinus under his jaw and a high temperature. We

asked the parents to give blood and the mother said, "How can I give blood when I have not eaten for five days?" That evening I brought her food which she promptly gave to the two-year-old she was carrying on her back. After that she would not take any food. One day she came and pressed a half rupee (10 cents) into my hand. I have been praying for Litura's recovery for her sake. The grandmother came one day with a bundle of cloth and carefully unwrapped the many layers for me—deep inside was a leaf, and inside it a precious boiled egg for Litura.

Sister M. Jerome, B.S.N.
Holy Family Hospital, Mandar

En Route to India

By now we have reached the Mediterranean—the sunny blue Mediterranean—which was clouded three of the six days. I have never seen such blue water before. It was really beautiful. For three days we followed the North African coast. Then we passed Sicily, Crete, and Cyprus. We had a frightening experience while crossing near Cyprus at night. Apparently an English plane was curious to know if we were enemies, since they are presently at war with Cyprus. It flew very low over the ship and dropped a flare in the water. It made a terrific noise and lit up the whole ship. I really thought the ship was on fire. We must have been all right because we had no more trouble.

The first port where we stopped was Latakique (Latakia) Syria. We were there for the day. We saw the bazaar sections of the city, the Muslim women in Burkas, the little mule driven carts, etc. The open fish markets with the fish right out in the beating sun had a special interest. Everyone walks in the middle of the street, and automobile drivers think that the horn is an important part of driving. They never stop at the corners because there are no lights. All they do is blow the horn, keep going and hope that no other car reaches the same corner, doing the same.

The following day we reached Beyruth (Beirut). For the first time I was able to hear Mass.

A greater part of Beyruth is very modern. It almost looks like any American city from a distance with its tall buildings, beautiful apartment houses, electricity, etc. It's only when you get into the open bazaar streets that you see the difference.

Sr. M. Bernardine, C.R.N.A.
Holy Family Hospital, Kurji

P. S. Sr. M. Bernardine arrived in Bombay in time for Christmas, and is now happily working at Holy Family Hospital, in Patna.

Professions

On February 11, 1959, perpetual vows were made by the following Sisters:

Sister M. Simon in Philadelphia, Pa.
Sister M. Austin in Philadelphia, Pa.
Sister M. Terence in Philadelphia, Pa.
Sister M. Leo in South Shields, England
Sister M. deMontfort in Berekum, Africa
Sister M. Annette in Berekum, Africa
Sister M. Louis in Maracaibo, Venezuela
Sister M. Bede in Patna, India
Sister M. Muriel in St. Louis, Missouri
Sister M. Stella in St. Louis, Missouri
Sister Rosemary in Santa Fe, New Mexico

RIP

Sister M. Anthony Godin, S.C.M.M.

Sister M. Anthony Godin, one of the pioneer members of our Society died very peacefully on January 28th, at the Provincial house in Philadelphia.

Sister M. Anthony was born in Ontario, Canada, in 1882, and graduated from the Providence Hospital School of Nursing, Moose Jaw, Can., in 1923. Sister worked as a nurse, in both Canada and Brooklyn, N.Y., before entering the Society in 1926.

In the early days of the Society, when the Sisters were few, their duties were many and varied. Yet, one can say that Sister Anthony's main task was Procurator and Treasurer,—for twenty years. She was also a Council Member for many years. We owe her much. Her total and humble resignation in her long illness was truly edifying.

While we will miss Sr. Anthony's presence among us, yet we rejoice with her that after "fighting the good fight" she has won her reward.

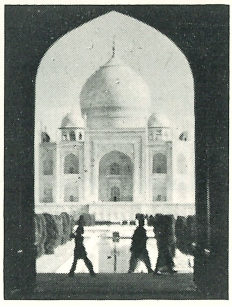
Have Ticket . . . Will Travel

Sister Constance and I had to go to Agra some months ago on business and, of course, to see the Taj Mahal. Sr. Clare deposited the two of us on the steps of the station and hurried off for a business appointment. Merrily we elbowed our way through the crowds and bought our tickets on a third class bogie. We then proceeded to the platform with only two minutes to spare and were ready to hop on the train when the inspector caught us. We showed him our tickets and he then informed us that we were only going 150 miles. We smiled and thanked him for the information and continued into the coach when he caught Sr.

Sister M. Pascal, R.N. Holy Family Hospital, New Delhi.

Constance's bag and said, "Madam you can only ride this train if you are going 300 miles." Sr. Constance said, "Doesn't it stop in Agra?" It did. "Then we are coming back. 150 plus 150, that makes 300 miles." Not the least bit impressed with the mathematical genius who was my companion, he ordered us off.

Here we were, put off the 5 p.m. train which arrived in Agra at 8 p.m., and told to take the 6 p.m. train which arrived at 2:30 a.m.! Where it was supposed to go in the extra five hours I did not know. All I knew was that I wanted to go on that 5 p.m. train.



Leaving Sr. Constance to guard our suitcase, I went in search of another station-master. This time after a prayer to the Holy Spirit, I decided to try the Sarah Bernhardt approach. Blinking hard several times and breathing deeply of the engine's coal fumes, I managed to work up what might pass as two tears. This gentleman was quite elderly and I told him our plight of arriving at 2 a.m. in a strange city. My hero! He told us to get on his section of the train and he would protect us. God bless him, he even waved us off at Rajaka Mundi station in Agra.

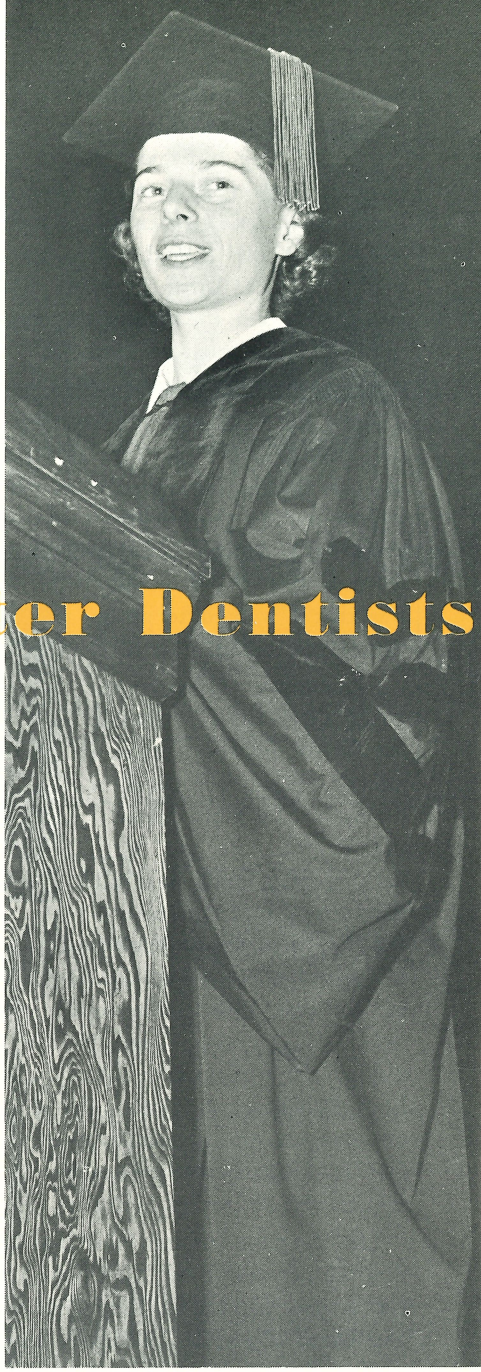
Having gone through this little ordeal we decided to buy our tickets for the return trip right then and there and check the train schedules—and if we could ride on them. They refused to sell us a ticket and told us to wait until we were leaving.

Returning two days later we arrived at the station at 7:20 a.m.; the train was supposed to leave at 7:30. Again the man refused to sell us a ticket as he had closed his books until 9:30 a.m. We marched over to see the inspector about the matter and he told us it was no use as we had already missed the train. It was not due for another ten minutes! "Too bad, madam, it arrived early and has already departed." I managed to stay calm and murmur, "What time did it leave?" He replied "What does it matter madam, it has gone?" With that we betook our confused selves to the compound to await the 10 a.m. train.

Needless to say the 10:00 a.m. train was a local. We stopped at just about every buffalo water hole, mud hut, and station along the way. We paused sometimes for an hour to take in the scenic beauty of nothing but sand and a few poor, half-baked trees, while waiting for an express to go by.

Time was passing and the temperature was about 104° in the shade, and we were in the shade of the good old bogie without a fan. I told Sr. Constance that it was so dry that I could hardly swallow. About 3:00 p.m. our thermos was empty and we were waiting in the middle of nowhere without so much as a buffalo hole to get water from, and I was laughing at a joke Sr. Constance was telling. It was with difficulty that we could stop smiling since our lips stuck to our teeth. Finally we arrived at Okhla station at 5:30 p.m. We both agreed that we would jump off the train there and walk the mile home rather than ride for another hour and go into Delhi Station.

SISTER M. PASCAL, R.N., *Holy Family Hospital, New Delhi, India*



Where Sister Dentists

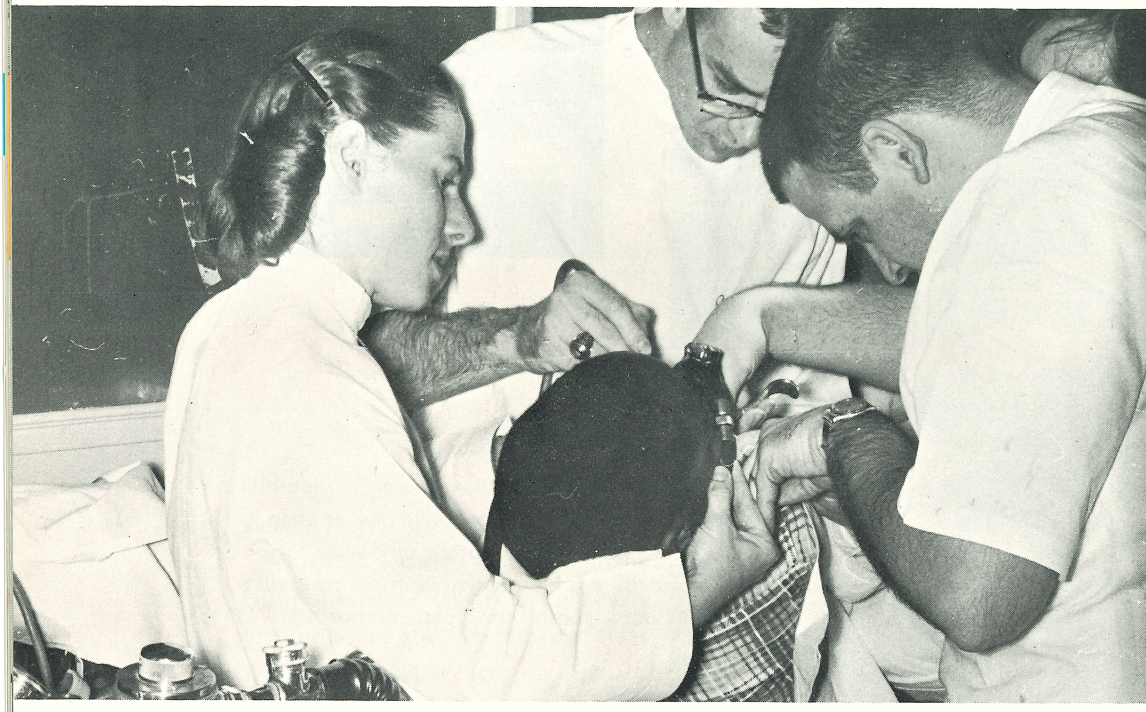
Sister M. Simon Mehrl, D.D.S., (Dubuque, Iowa) graduated last June, with honors, from Georgetown University School of Dentistry. Valedictorian of a class of 84 (the only woman in the class) she was the first full-course woman dental student to graduate from the school. (Medical Mission Sisters attending medical, dental, and pharmacy schools wear modified habit.) Assigned to Holy Family Hospital, Rawalpindi, West Pakistan, Sister M. Simon served a voluntary internship in oral surgery at the District of Columbia General Hospital, Washington, D.C., while waiting for her visa for Pakistan to arrive. Sister M. Virginia Sayers, M.D. (Toledo, Ohio) is presently taking a residency in Obstetrics at the same hospital. In the evening, both Sisters joined the Medical Mission Community in Washington, D.C. at their House of Studies, Sixth and Buchanan Sts., North East.

Preparation for this type of dentistry requires a broad coverage of modern science with human biology as its central theme. The educational program is a long, arduous, and difficult one . . . Today, as a major health science it includes courses in all the dental and basic sciences, in medicine, physical and oral diagnosis, oral surgery, and a greatly expanded course in cancer of the oral cavity, and finally the study of many diseases which may be a sign of more serious systemic diseases.

are the answer

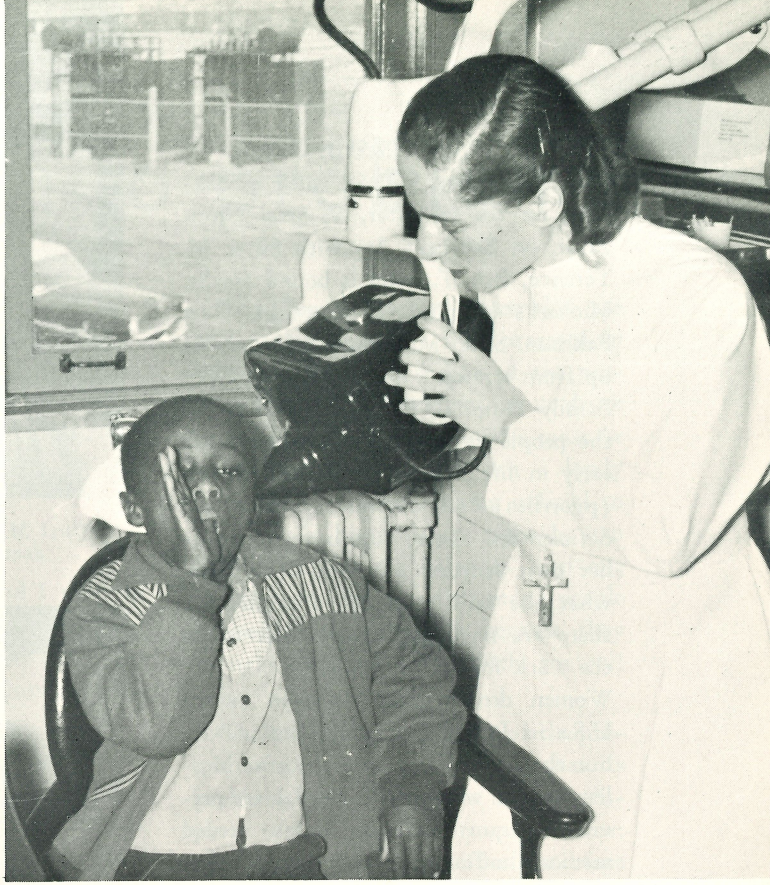
The dentist of today is no more concerned with a toothache *per se* than is the physician with a stomach ache. Each is a symptom of disease that must be diagnosed, treated, and if possible prevented from recurring. Modern Dentistry has for its focus not a tooth but a patient, not a mouth, but the whole man.

"OUT IT COMES." Sister M. Simon, D.D.S., giving nitrous oxide for oral surgery. The oral surgery internship includes some time and experience in general anesthesia.



Sister M. Simon, D.D.S., with Dr. Arthur Merril, Head of the Department of Dental (oral) Surgery, looking on, shows Janice how to clean her teeth so well that she won't need to have them pulled.

"Looks like we will have to X-ray Bernard's teeth." Fear of pain is probably the chief reason why only 45% of the people in the U.S. see a dentist each year. Today's anesthetics, treaments, and particularly the newly developed high-speed drills make this fear largely groundless.



"You are not much bigger than I am, Doctor," says Janice, as Sister Simon takes time out to button her coat. "It's not strength or size that matter in Dentistry," says Sister Simon who is barely over five feet tall— "It's the leverage that counts."

TO THE MISSIONS SHE GOES

Sister M. Simon, D.D.S., sailed to Pakistan on the freighter, SS Steel Navigator, on February 26, with Sister M. Terence, R.M.T., who is bound for St. Michael's Hospital, Mymensingh, East Pakistan. Sister M. Simon's job is to set up from scratch a dental clinic at Holy Family Hospital, Rawalpindi. Many of the people in this area lose their teeth early in life due to periodontal disease (pyorrhea) and widespread nutritional deficiencies. Sister will have to make her own dentures . . . and take along what she will need for a while, for there are no dental laboratories to do the work for her in this area.

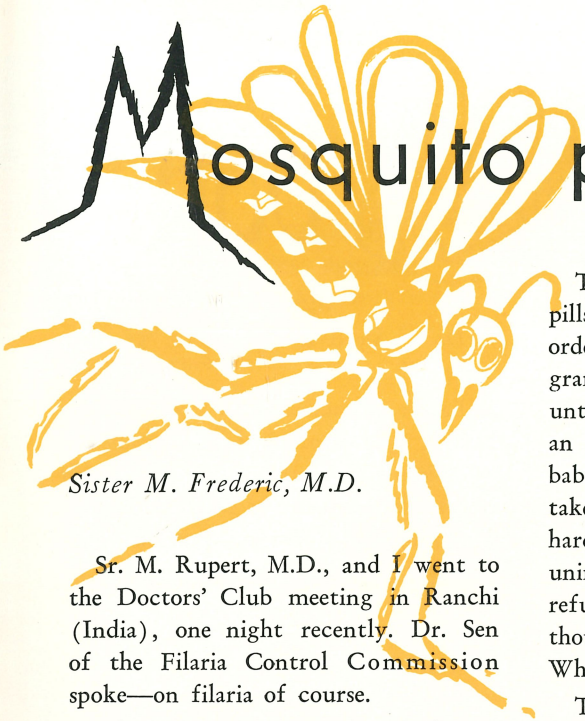
Women dentists are few even in the U.S.; in Pakistan they are still fewer, but the demand is greater because Moslem women who observe Purdah are prevented from obtaining much needed medical and dental care, except that given by women. Women dentists are the answer to the vast amount of work which only women can do.

The vocation of a Medical Mission Sister combines the dedicated Christian life of the Religious state, with the apostolic charity of the missionary, and the technical skill and excellence of the professional life. It is a vocation that calls for a large measure of generosity from each individual sister, as she serves the sick in hospitals, maternity institutes, leprosaria or in houses of formation and procure. Her vocation is one of joy, because she has the privilege of serving the sick; the happiness of being able to share in the task of bringing Christ's love to men in a tangible way, through the action of her hands as she tends the suffering and through the devotedness of her life.

Sister M. Simon, D.D.S. packing crates of dental instruments and supplies.

Sister M. Simon, D.D.S. (left) and Sister M. Terence, R.M.T. (right) checking their ship's course.

Mosquito problems



Sister M. Frederic, M.D.

Sr. M. Rupert, M.D., and I went to the Doctors' Club meeting in Ranchi (India), one night recently. Dr. Sen of the Filaria Control Commission spoke—on filaria of course.

Filariasis, a mosquito-borne disease, affects about 25 million people in India. Mosquito control and hetrazen treatment in all affected areas are the Second Plan's proposed methods of prevention. To the thirteen control units set up over India's First Five-Year Plan, sixty-five new units will be added under the second plan.

With the cooperation of T.C.M. (US), a field survey of the incidence of filaria in this area (Ranchi) was done last year. In slightly less than 10% of the population sample, the endemic incidence was around 10%. Though the vector has always been here, apparently the disease is relatively new—probably came with the troops during World War II.

This month an intensive suppression program is being carried out in town. Hetrazan is being distributed free, over a five day period to everyone over two years of age. This sounds relatively simple—and simply isn't! Many unexpected problems arise.

The team is supposed to see that the pills are swallowed in their presence in order to insure the success of the program. But a Hindu cannot eat or drink until he has done puja—so this must be an exception. Also, how can a lowly babu require a high ranking official to take pills in his presence, when he can hardly get past the gateman. And one unimagined snag was that many people refused to take the pills because they thought they were for birth control! What a commentary!

The mosquito control part of the program for eradication of malaria has its problems, too. The town sewage disposal system consists of open drains; open drains also carry off the surface waters. What more ideal conditions for hatching baby Culex (mosquito vector) could they ask for. And what a ton of DDT it will take to reach all these rivulets and puddles. Then add to all these the many stagnant wells since the piped city water supply was put in. A thorough job is a staggering one!

The discussion was quite a lively one. Some of the doctors said that their telephones were busy all day answering questions about filaria and the pills. We're so far out in the country, without a phone, that we're spared all that. But a regular scare of a filaria epidemic has spread like an epidemic in town. And when we ourselves came down from the meeting, our driver even put the question to us! In a population of over 100,000, with many who cannot read or write, the publicity angle of the program is handled with difficulty.

mission Books

Sister M. Fabian, B.A.

WORSHIP: THE LIFE OF THE MISSIONS, by Johannes Hofinger, S.J., and others. University of Notre Dame Press, 1958, $4.75, 342 pp.

This newest addition to the rapidly growing and valuable "Liturgical Studies" comes to the public with double authority. Father Hofinger and his associates of the Institute of Mission Apologetics, Manila, P.I., are both liturgists and missionaries. Emphasizing the pastoral motive behind the liturgical reforms instituted by Pope St. Pius X and continued through the Pontificate of our late Holy Father, Pius XII, the liturgy is shown to be the best way to form a Christian community. Father Hofinger in speaking of liturgy, is concerned primarily with the worship of God by the active participation of the faithful in the Holy Sacrifice and other liturgical functions. Special chapters deal with the qualities most necessary to make liturgical worship both an initiation into, and development of the Christian life; with Scripture readings and their catechetical value; with Psalms as the prayer of the people and a form of instruction. While of special value to the priest-missioner, all who are engaged in missionary activity will find this an enlightening and instructive study.

NEW HORIZONS IN LATIN AMERICA, by John C. Considine, M.M. Dodd, Mead & Co., 1958. $5, 379 pp. illus.

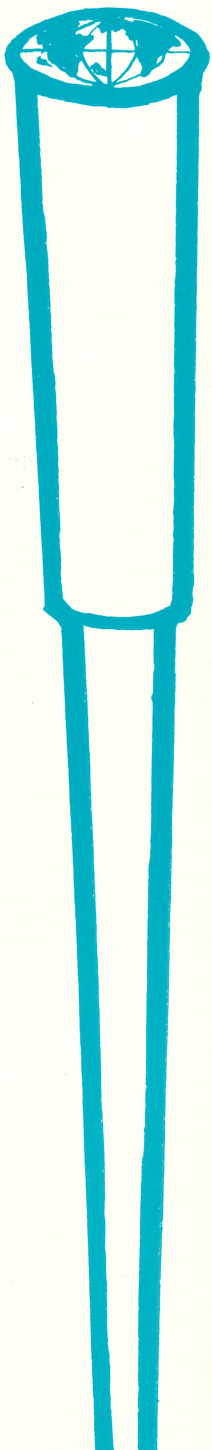
Father Considine's new book has the quality typical of his former studies, a combining of facts and statistics with a lively interest in the people he meets. The people, the places, are unusual, not merely because it is another country he is visiting, but because it is a different view of the country than that normally seen by the tourist. In going from country to country in Latin America, Father Considine gives a brief history of the Church in that country, the problems of the past and present, with emphasis on the present position of the Church. A special section is devoted to the spread of Protestant missions in South America. There is a hopeful note sounded throughout. For those who shrug Latin America off as lost to the Church, this study points out what is being done, and especially by the laity. On a continent suffering from a lack of priests, it is to the laity that the Church looks, and in these countries the laity is answering the call. A fast moving book, it will be enjoyed by all readers. An added value are the fine statistical charts and tables included in the appendix.

ATLAS MISSIONUM, by Fr. Emmerich, S.V.D. Propaganda Fide, $18.00.

A new edition packed with fascinating information.

THROUGH THE MISSIONSCOPE

Sister M. Cuthbert, M.A.



DON'T FORGET CHINA

Indian Catholics, themselves living in a mission country, show an anxious interest in the Church in China that puts most of us to shame.

The Bishops' Conference of East and South-East Asia, which met in Manila, expressed the same vivid compassion. When one member of the Body suffers, all suffer.

WATERED WITH BLOOD

When Maynooth Mission completed its first 25 years in Korea a few months ago, 11 Irish St. Columban priests had shed their blood over it, eight killed by Communists. The conversions following on their deaths have broken all records.

JAPANESE WISDOM

Each year shows a steady increase in the number of conversions among University students and graduates of Japan, where the secular Universities allow courses on the Catholic faith to be given.

MATCHED MEN

Abbe Pierre met his Hindu "double" in India, Acharya Vinoba Bhave, a disciple of Gandhi. Both were impressed by the other's evident sincerity and devotion.

Also impressed with Abbe Pierre were 1,500 Catholic University students from all parts of India who heard him speak at their congress in Bombay. Before the Congress was over some of them had begun in a very concrete way to work for the poor.

CONGRATULATIONS, DOCTOR

Miss Josephine Namboze, one of a large Catholic family in the Mill Hill Fathers' mission in Kampala, is the very first Negro girl to graduate from medical school in East Africa. Josephine studied with the Franciscan Sisters and later at Makere University College, Kampala.

MISSION INTENTION FOR MARCH:

That many helpers will rise up to meet the urgent needs of the Church in Africa. The single factor that contributes most to making these needs so urgent is undoubtedly the missionary activity of Islam. In just 20 years leading up to 1951, Moslems had increased from 31% to 40% of the total population of Africa. Catholics at this time were still only 7½%. Is Islam going to win the race?

MISSION INTENTION FOR APRIL:

That the laity striving for the Church in the missions be given a sound spiritual, doctrinal, scientific, and technical training. More and more generous layfolk respond to this call. This is an age when unenlightened heroism is not enough, only those who have a real contribution to make are welcome in the missions.

Mission Wants

There is a tremendous need for the care of the sick in India and Pakistan. Large sections of the rural and even urban population of these countries are left without medical care because there are not enough skilled hands to care for them. To make it possible for many girls in these countries to engage in this work, we have established large training schools for nurses in connection with all our hospitals.

At present, all our Sister Supervisors are greatly in need of anatomical charts for these nursing schools. Visual aids for teaching the nursing arts are absolutely essential because the girls who come, have little or no knowledge of ordinary hygiene and anatomy. Many have never seen a drug store! "One picture is worth a thousand words." Please aid us in buying the necessary charts and models. Any contribution towards them will be welcome.

Anatomical charts needed for nursing schools in (1) Rawalpindi, West Pakistan; (2) Mandar, India; and (3) Dacca, East Pakistan:

Skeletal and Muscular
Nervous System
Heart
Digestive tract
Obstetrical
Endocrine
Ear, Eye

$10.00 each chart $80.00

Obstetrical Manikin ..... ea. 82.00

Anatomical Models for School of Nursing, Dacca, East Pakistan:

Respiratory	ea.	$55.00
Heart	ea.	75.00
Brain	ea.	35.00
Eye	ea.	50.00
Ear	ea.	75.00

For teaching in Patna, India:

2 doz. Thermometers	@doz.	8.50
4 doz. Syringes	@doz.	18.00
4 doz. Needles	@doz.	1.50
4 doz. Rubber gloves	@doz.	4.50
2 doz. Trays	@doz.	24.00

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

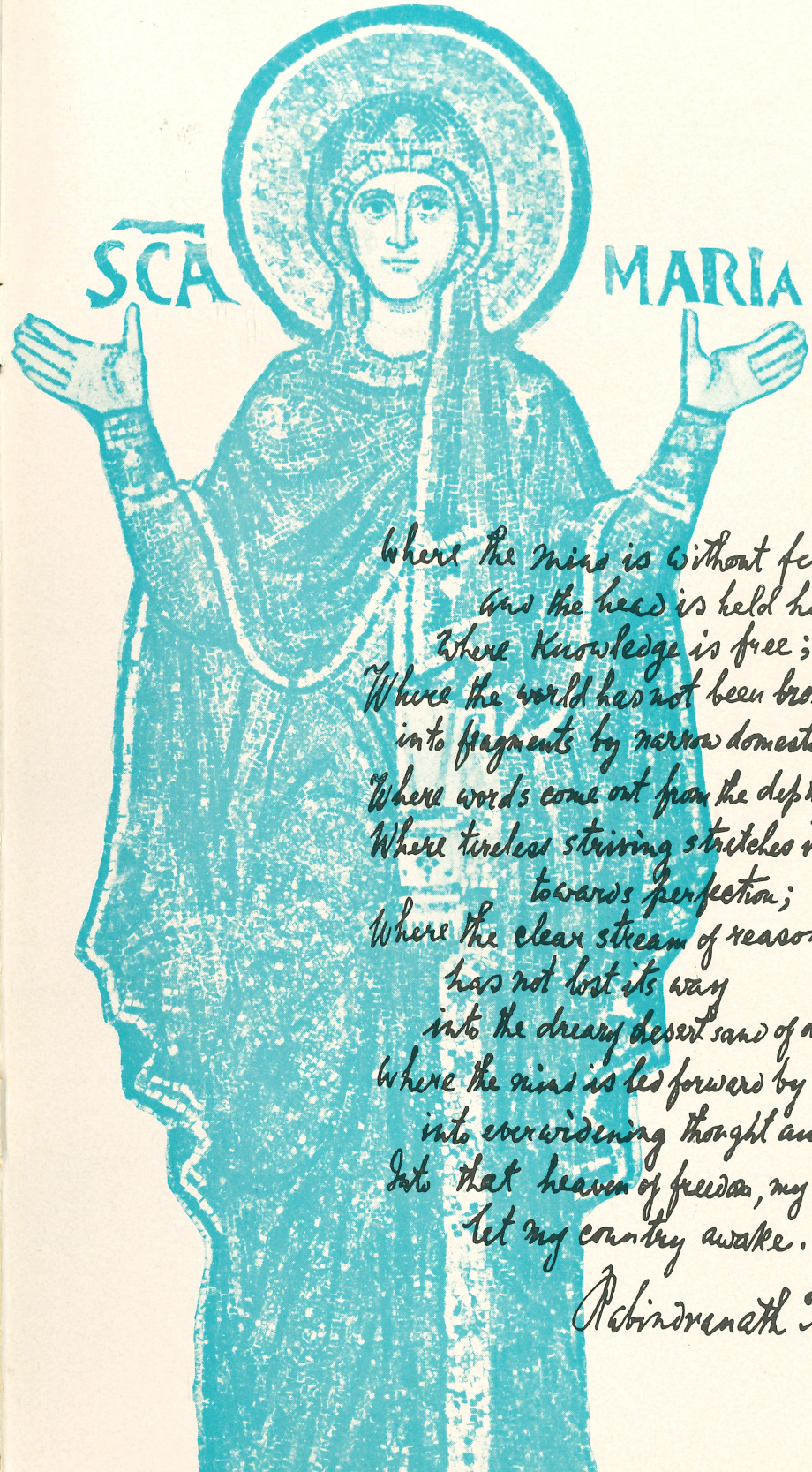
Dear Sisters:

Here is my gift $..... towards your mission needs in.....

Name .....

Address .....

City..... *Zone*..... *State*.....



Where the mind is without fear
and the head is held high;
Where knowledge is free;
Where the world has not been broken up
into fragments by narrow domestic walls;
Where words come out from the depth of truth;
Where tireless striving stretches its arms
towards perfection;
Where the clear stream of reason
has not lost its way
into the dreary desert sand of dead habit;
Where the mind is led forward by thee
into ever-widening thought and action
Into that heaven of freedom, my Father,
let my country awake.

Rabindranath Tagore

WE'RE BUILDING!

Will you give us a lift?

Our new Novitiate building is making steady progress. It is hard to resist the temptation of moving a bed or two into the "storage" rooms in the basement—which is almost complete—except for a few details like ceilings, etc., etc., etc.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $_____ to give the building program a lift.

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____